KENTUCKY BOARD OF PODIATRY

P.O. Box 174
Glasgow, KY 42142-0174
1-270-834-8932

APPLICATION FOR LICENSURE

This is the application to practice podiatric medicine and surgery in the Commonwealth of Kentucky by the Kentucky Revised Statutes Chapter 311.380-510 and its Revised Regulations 201 Chapter 25. Complete **all** fields by typing or printing in black ink. If the field does not apply to you, place and **"N/A"** on the line. Application may not be altered or copied subject to rejection.

Legal Name _____ Date of Birth: _____

Address _____ Place of Birth: _____

City _____ ST _____ Zip _____ Social Security #: _____

Phone _____ DEA#: _____

If not a U.S. citizen, give residence status: _____

List undergraduate Colleges or Universities:

Name _____ Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip_____

Hours or degree earned and year _____ # Hours or degree earned and year_____

List Graduate Colleges or Universities (not medical school)

Name _____ Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip_____

Hours or degree earned and year _____ # Hours or degree earned and year_____

List all medical schools attended (podiatric, medical, osteopathic, dental, or chiropractic)

Name _____ Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip_____

Hours or degree earned and year _____ # Hours or degree earned and year_____

List all preceptorship and/or residency programs

Name _____ Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip_____

Type of
Program _____ Years _____

Type of
Program _____ Years _____

If you are now or have served in the Military Service list Branch of Service, Rank and name and address where you served:

_____

_____

If you hold a license to practice medicine in other States or Commonwealths list by name, license numbers and if CME credit is needed for renewal

_____

_____

_____

List any sanctions, restrictions, suspensions or revocations against your licenses, name and address of State or Commonwealth

_____

_____

_____

Have you defaulted on a student loan through KHEAA or the state of Kentucky? ___Yes ___No

List any criminal suit against you that is pending or that you have been convicted of giving name of City, County, State and Court

_____

_____

_____

If you have a drug or alcohol dependency, other than prescribed for a valid disease, name the substance and give the particulars of treatment

_____

_____

_____

List memberships in medical societies by name and address

_____

_____

_____

Notarized affidavit of Applicant:

I certify that the statements contained in this application are true, complete and correct and that they shall form the basis of my application.

_____ _____

Signature of Applicant Date

I certify that this application was sworn and subscribed before me by the person whose signature appears herein on this _____ (day) of _____ (month), _____ (year)

My Commission expires the _____ (day) of _____ (month), _____ (year)

Signature:_____